PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

Application or Docket Number

10824886

CLAIMS AS FILED - PART I								SMALL ENTITY			OTHER THAN		
			(Column 1)		(Column 2)		. 1	TYPE		OR		ENTITY	
TOTAL CLAIMS			2					RATE	FEE]	RATE	FEE	
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE	385.00	OR	BASIC FEE	770.00	
TOTAL CHARGEABLE CLAIMS			ے minus 20=		* _	*		X\$ 9=	<u> </u>	OR	X\$18=		
INDEPENDENT CLAIMS			/ minus 3 =				ſ	X43=		OR	X86=		
ML	JLTIPLE DEPEN	NDENT CLAIM PI	RESENT					+145=		OR	+290=		
* If	the difference	in column 1 is	less than zero, enter "0" in colu			olumn 2	L	TOTAL	385	OR	TOTAL		
	С		•		•	OTHER	THAN						
	·	(Column 1)		(Colun		(Column 3)	· · ·	SMALL	ENTITY	OR	SMALL E		
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUME PREVIC PAID I	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	##		=		X\$ 9=		OR	X\$18=		
	Independent	*	Minus	***		=	T	X43=		OR	X86=		
	FIRST PHESE	ENTATION OF MU	JLTIPLE DEF	PNOEN	CLAIM		Ī	+145=		OR	+290=		
								TOTAL		OR	TOTAL		
		Α	DDIT. FEE L		··· /	ADDIT. FEE							
	·	(Column 1) CLAIMS		(Colun		(Column 3)			ADDI T	. 1		ADDI-	
AMENDMENT B		REMAINING AFTER AMENDMENT		NUME PREVIO PAID I	DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	TIONAL FEE	
	Total	*	Minus .	**		=		X\$ 9=		OR	X\$18=		
	Independent	* ENTATION OF MU	Minus	***	CI AIM	=		X43=		OR	X86=		
	FIRST PRESE		+145=		OR	+290=							
								TOTAL		OR	TOTAL		
ADDIT, FEE													
	\ \	(Column 1) CLAIMS		HIGHE		(Column 3)		· · · · · · · · · · · · · · · · · · ·	ADDI 1	ı		4201	
AMENDMENT C		REMAINING AFTER AMENDMENT		NUME PREVIO PAID F	USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=		
	Independent	<u> </u>	Minus	***		=	-	X43=		OR	X86=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM												
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.										OR	+290=		
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." **If the "Highest Number Previously Paid For" IN THIS SPACE is less than 2, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."										OR ,	TOTAL ADDIT. FEE		
		imber Previously Pain hber Previously Pain					found	d in the appi	ropriate box				